

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 86156

Title: Gastric cancer incidence based on endoscopic Kyoto classification of gastritis

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03270609

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Russia

Author's Country/Territory: Japan

Manuscript submission date: 2023-06-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-06-03 04:58

Reviewer performed review: 2023-06-11 18:25

Review time: 8 Days and 13 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Assessment of the risk of developing gastric cancer in patients with chronic gastritis and other underlying diseases of the stomach is important, as it makes it possible to detect this serious complication at an early stage or, in some cases, even prevent the development of gastric cancer. The authors analyzed the results of a study of 6,718 patients with gastritis and, based on the large clinical material, confirmed the possibility of stratifying patients with chronic gastritis into risk groups depending on atrophy, intestinal metaplasia, enlarged folds, nodularity, diffuse redness, and total Kyoto scores. Thus, the data obtained are of practical importance and should be taken into account when assessing the risk of developing gastric cancer in patients with chronic gastritis. A few notes to which the authors should pay attention. ABSTRACT 1. It is desirable to clarify the period during which patients were under observation RESULTS and DISCUSSION 1. (p. 9, pp. 22-23). The sentence "The annual incidence rates of GC increased with the total Kyoto score (0.05%, 0.07%, 0.47%, and 1.27% for the total Kyoto scores of 0-1, 2-3, 4, and 5-8, respectively). » Specify that we are talking about the average frequency of cases per year. This is important, because according to Figures



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1-3, the highest incidence of gastric cancer is observed between 4 and 5 years for almost all studied factors. This remark also applies to other sentences where the authors talk about "annual incidence rates". 2. (p. 9, pp. 24-25). Perhaps the authors did not mean "subsequent", but "previous" studies. Table 1. 1. It is desirable to indicate the significance of differences between groups (significance level) In general, the manuscript is written in good English, well structured. Tables improve the perception of text. I believe that after minor corrections the manuscript can be published.

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Reviewer's code: 04696174

Position: Peer Reviewer

Academic degree: MD

Professional title: Chief Physician

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

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Reviewer chosen by: Geng-Long Liu

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a well-conducted retrospective cohort study that investigates the incidence of gastric cancer based on the endoscopic Kyoto classification of gastritis. The study suggests that the Kyoto classification can be used to assess GC risk and that a high total Kyoto score (≥ 4) is associated with GC incidence. The study is well designed and its findings are relevant to clinical practice. My comments are as follows: 1. Can we assume a normal distribution for the number of EGD per person and Kyoto classification score? Would it be better to use median and IQR to present this information? 2. According to your opinion, as the association between nodularity and the risk of developing GC is still debated, should nodularity be listed separately when reporting Kyoto score to emphasize its value in predicting gastric cancer? For example, should the Kyoto classification score for A1IM1H1N1DR0 be reported as 3+1 instead of 4?